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## General Information

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### Who should file Form ST-2-X?

You must file Form ST-2-X, Amended Multiple Site Form, to amend information or figures that you previously reported on Form ST-2, Multiple Site Form. Attach Form ST-2-X to Form ST-1-X.

### How do I amend information previously reported?

Only list the locations that require a change to information or figures you previously reported. For those locations with no changes, the most recent figures filed will be used.

### How do I round figures to the nearest dollar?

Drop amounts of less than 50 cents, and increase amounts of 50 cents or more to the next higher dollar.

### What if I need help or additional forms?

Visit our web site at [tax.illinois.gov](http://tax.illinois.gov) or call our Taxpayer Information Division at **1 800 732-8866** or **217 782-3336**. The number for our TDD (telecommunications device for the deaf) is **1 800 544-5304**.

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## Specific Instructions

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Write your Illinois account ID (previously known as your business tax (IBT) number), business name, and the reporting period (previously known as your liability period) you are amending.

Identify the location code, site name, site address, city, state, and Zip Code of the site(s) that require a change.

**For all Lines 4a through 8b:** If you are reducing the amount originally reported to zero, write zero on the line. Leaving the line blank will delay the processing of your return or your changes will not be accepted on your Form ST-2-X.

Write the appropriate tax rate for your location on the lines provided.

### Figure the tax due for each site.

#### Line 4a: General merchandise base

Only list the site you are amending. Write the total amount you received from your sales of general merchandise, plus the amount you received from general merchandise you sold in performing your service. **Do not include tax.**

**Line 4b:** Multiply Line 4a by the appropriate tax rate.

#### Line 5a: Food, drugs, and medical appliances base

Only list the site you are amending. Write the total amount you received from your sales of qualifying food, drugs, and medical appliances, plus the amount you received from the qualifying food, drugs, and medical appliances you sold in performing your service. **Do not include tax.**

**Line 5b:** Multiply Line 5a by the appropriate tax rate.

#### Line 8a: Receipts taxed at other rates

Only list the site you are amending. Write **only** the receipts from sales of general merchandise, qualifying food, drugs and medical appliances you made at rates different from the rates on Line 4a and Line 5a.

**Do not include tax.**

**Line 8b:** Multiply each specific amount in Line 8a by the tax rate in effect at the time of purchase. Add the results and write the total on Line 8b.

